

**IN-SERVICE TRANSFER  
To PURCHASE PERMISSIVE SERVICE CREDIT  
RSA-1 DEFERRED COMPENSATION PLAN**

Retirement Systems of Alabama  
P. O. Box 302150 ♦ Montgomery, AL 36130-2150  
334-517-7000 or 877-517-0020  
[www.rsa-al.gov](http://www.rsa-al.gov)

Please type or print using black ink.

**PART I MEMBER INFORMATION**

**Name** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Middle/Maiden Last

**Home Address** \_\_\_\_\_ **Home Telephone** (\_\_\_\_) \_\_\_\_\_  
Street or P. O. Box

\_\_\_\_\_ **Work Telephone** (\_\_\_\_) \_\_\_\_\_  
City State Zip Code

**Employer** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**PART II RETIREMENT SYSTEM INFORMATION**

**Name of Retirement System** \_\_\_\_\_

**Retirement System Address** \_\_\_\_\_  
Street or P. O. Box

\_\_\_\_\_ **Your Retirement System Account Number** \_\_\_\_\_  
City State Zip Code

**PART III PAYMENT METHOD AND AUTHORIZATION**

I hereby authorize the transfer of \$\_\_\_\_\_ from my RSA-1 Deferred Compensation Plan to the retirement system listed in item II above for the purpose of purchasing permissive service credit as follows:

- ☐ Transfer \$\_\_\_\_\_ from my RSA-1 **fixed** investment option.
- ☐ Transfer \$\_\_\_\_\_ from my RSA-1 **stock** investment option.

**Note: This form, the form from your retirement system, and a copy of the eligibility letter specifying the amount and eligibility to purchase permissive service credit must be received by RSA-1 at least 15 working days prior to the payment due date in order to provide sufficient processing time.**

**PART IV AUTHORIZATION AND SIGNATURE**

I authorize the RSA-1 to transfer the funds noted in Part III to the retirement system noted in Part II for the purpose of purchasing permissive service credit.

**Signature of RSA-1 Member** \_\_\_\_\_ **Date** \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned authority, a Notary Public in and for said County and State, personally appeared before me, the above named individual, known to me to be the person who subscribed to the foregoing instrument.

Signature of Notary Public \_\_\_\_\_

Seal

My Commission Expires \_\_\_\_\_